“A Study of Depression, Social Support and Coping Strategies among Widows of Distress Suicide of Farmers and Wives of Farmers.”

Synopsis submitted to
Swami Ramanand Teerh Marathwada University, Nanded, Maharashtra,(India)
in partial fulfillment of the requirement for the award of Ph.D. degree in the subject of
Psychology under the Faculty of Humanities

Submitted by:

Dr.Pranad Digambar Joshi

Under the supervision of

Dr. G. P. Vaykos

Assistant Professor
B. Raghunath College, Parbhani-431 401.

A Study of Depression, Social Support and Coping Strategies among Widows of Distress Suicide of Farmers and Wives of Farmers

Introduction

Agriculture sector plays an important role in the growth of a developing nation. Most of the people in developing economies are dependent on agriculture and allied activities. The employment generation and livelihood depend only on agriculture and supporting business. However, agriculture sector in Maharashtra is also surviving in crisis due to various reasons such as low level of irrigation, large number of uneconomic operational holdings, uncertain rainfall, seasonal nature of farming, absence of employment opportunities other than agriculture labour in rural areas, declining public expenditure on agriculture sector particularly for irrigation and other infrastructure development. A change in the agriculture policy according to new economic reforms rather than intensity of crisis are adversely affecting agriculture sector in Maharashtra. Therefore, farmers in Maharashtra are in frustration and the maladaptive pattern in coping leads to increased incidence of suicide of the farmers. Farmers' suicide is the burning issue not only to the farmers' but also to the government and society.

Mostly the women in Indian agriculture work as the unpaid family workers and they have no independent access to credit, skills markets or alternative occupations. However, Also the situation of rural women who work for wages outside the home can be quite precarious, as participation in wage labour often depends on being able to work alongside one's husband. The death of a husband affects a woman's life not only by reducing the amount of human, physical and financial resources available, but also by putting responsibilities of her own family all of a sudden. Husband's death brings tremendous changes in a widow's life in terms of her access to property and in her living arrangements, and in terms of her social identity and relationships.

In addition to their daily sustenance, the widows need to work in order to repay the debts that are incurred for various reasons before the death of their husbands or to pay for the death ceremonies. Often these poor widows have to repay the debts that they inherited from their husband. In some cases they need to redeem the land their husband mortgaged before his death.

Widowhood often is accompanied by emotional distress, physical symptoms, compromised health behaviors, potentially disruptive residential relocations and economic strains triggered by both the direct costs of medical care and funeral arrangements at the end of a spouse's life, as well as the loss of the spouse's income. Depression is the common mental problem in widows and it is viewed as a serious outcome of the feelings of loneliness and it presents with depressed mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy and poor concentration. The rates of depression are found to be still high two years after a loss of a spouse (Turvey et al, 1999). In addition the experiencing the loss of a spouse has a negative impact on widows wellbeing up to four years bereavement (Bennet et al., 2005).

Coping refers to the cognitive, behavioral and emotional ways by which people manage stressful situations. (Moss-Morries and Pterie, 1977). Implicit in this definition is the understanding that coping involves any attempt to preserve mental and physical health-even if it has limited value. Coping strategies, the way people deal with stressful situations, are intended to moderate or buffer the effect of stresses on physical and emotional well being (Ingledew, Hardy and Cooper, 1997). It is a dynamic process, not a onetime reaction; that is, it is a series of responses involving the interaction of a person and his/her environment. Some strategies provide temporary relief in the short run, but tend to be maladaptive in the long run. In some cases, it does not matter which coping strategy the person uses; the stressor cannot be eliminated nor can its recurrence be prevented; instead, the strategies may simply help a person to tolerate or accept a situation (Moss and Shcafer, 1987); facing the situation after the death of a spouse is an example.

After husband's death, widows become most vulnerable section of the society. The widows of farmers who committed suicide are doubly marginalized in every way. Deprivation and restriction are imposed on their life style in all senses and negative social attitude persists towards them. They need to be understood in terms of accesses to property, living arrangements, social identity and relationships terming it as social death. Character assassination is a weapon used to control widows. Widow is both simultaneously, in the affinal and in the natal home she becomes the outsider who no longer belongs and in this sense she shares the sense of being an outcaste. The widow is socially differentiated by a prescribed behavior which she has at all costs to follow. Majority of the widows of this category fall between the age group of 30 to 45, whose

children are not yet in a position of supporting the family. The widows have to shoulder the whole responsibilities of bringing up the family. In the absence of effective forms of state based social security, family and community support are crucial sources of potential assistance.

The purpose of this study is to study the depression, coping strategies and social support in the widows of farmers who committed suicide. This could help in designing as well as implementing intervention programs to prevent depression.

Review of Literature

The death of a spouse is one of the most profound and life-altering events adults will ever experience. After husband's death, widows become most vulnerable section of the society. The widows of farmers had to do the mantle of managing the farm and family with the ignominy of a debtor. This mantle is often associated with a lot of stress, frustration. Widowhood has always been considered a social stigma in our society as result of which she is discriminated socially and kept deprived from social support. These widows hailing from rural areas with low levels of literacy face difficulty in overcoming loss of companion as well as coping up with the economic and emotional distress befallen on her and her family. Our review of literature will address three major issues:

1. Depression
2. Social support
3. Coping strategies

1. Depression and coping :

Concept of Depression and Coping Depression is understood as a form of mood disorder. The mood associated with normal depression vary in length, sleep difficulties, eating problems and thoughts of despair and at the end of disorder spectrum is psychotic depression, in which a person lose contact with reality, and may develop delusion and retardation. Though it is difficult to ascribe universally accepted symptoms of depression, the following symptoms have been found to have been existing in the person living with depression:-

i) **Mood**: It is estimated that more than 90% of depressed people experience prolonged moods of sadness and crying occurs not only in response to specified experiences, but also because of miner frustration and sometime even for no apparent reason.

ii) **Thought:** Depressed persons tend to manifest loss of interest, decrease in energy, inability to accomplish tasks difficulty in concentration, and the erosion of motivation and ambition all combine to impair efficient functioning.

iii) **Behaviour and Appearance:** The persons under depression reflect dejected face and attitude. While this may be interrupted by an occasional smile, particularly if he/she thinks that it is expected of him, the smile is usually frozen and superficial that has earned the name mirthless.

iv) **Cleanliness:** Their clothes may be sloppy and and even dirty. Personal hygiene may be neglected. Women are, normally, found to be unconscious of their hair.

v) **Speech:** It has been noticed that depressed person's spontaneous speech is reduced and they attempt little to initiate conversation. In very severe cases, retardation becomes so marked that the patient becomes mute and almost stupor.

vi) **Loss of appetite and weight:** The person under depression may show a marked loss of appetite and weight loss particularly as the illness progresses.

vii) **Constipation:** It is assessed that when the depression may become quite severe and the patient may have ten days or more without a bowel movement.

viii) **Sleep disturbance:** It is found that the person under depression complain of difficulty in falling asleep, restlessness, awaking during the night and inability to return to sleep but quite contrarily some people sleep excessively when depressed.

ix) **Aches and pains:** It is ascertained that the patients complain of dry mouth, aches and pains, headaches, neuralgia, tight feelings in the chest, and difficulty in swallowing.

x) **Menstrual Changes:** It is found that depressed women frequently report changes in their menstrual cycle and mostly a lengthening of the usual.

Having the above mentioned symptoms, the person in the state of depression invariably show self-negation and in extreme spell of depression, he may attempt or commit suicide. Further, it is also found that there is variation in characteristics of depression across life span. Bogadia et al (1974) have observed that the cases of depression showed higher incidences during monsoon period.

Depression has been found to been influenced by biological and psychological factors (Wig et al, 1969; Sethi and Gupta, 1970) like heredity, age, gender, family genetics, hormonal imbalance, and medical conditions. In case of women it is estimated that women are two to three

times more likely than men to suffer from depression. Many empirical evidences have supported this view that women are more prone to depression due to gender and social position and the various life events. However, the human beings have tendency to manage their balance by way of coping strategies.

P. Adinarayana Reddy (2004) studied problems of widows according to him- 'entering into widowhood is more hazardous, painful and humiliation to women than to a widower because of the discrimination and ritual sanctions of the society against widows. Suffer by social and economic sanctions but also face many psychological consequences, loneliness and in many cases, deprivation causing emotional distribution and imbalances'.

Veerasaivas, also known as Lingayats constitute the largest caste group in the state of Karnataka, their representation in the state population being 18 per cent. To him widowhood has always been one of the most terrible realities in a women's life but sooner or later she has to continue her normal life activities. He subjected to state how much time it took for them to reconcile to the changed conditions in their life. As many as 90 per cent of the respondents seem to have resumed their normal life activities by the time an year had elapsed after the passing away of their husbands. A further investigation revealed that nearly 45 per cent of the subjects had decided to accept the reality of widowhood by the third month after the death of their husbands.

Widows and social stigma:

Ranjani Kumari (1981), found that a widow is held personally responsible for the death at her husband and is treated as the personification of the inauspicious and the profane her presence at any kind of social function and festival ranging from marriage and child birth, to sowing of crops is considered to be very inauspicious.

Parthasarathy et al. (1993) in their study examined the status of women highlighting the social discrimination; economic deprivation, legal marginalization, and lack of governmental support the four important factors for the marginalization of Indian widows. Hutokshi Doctor (2003) explores his ideas on the topic of India's Widows. To him, a part from the economic problems, widows even in educated, middle class families continue to be placed under immense psychological and social pressures. In his study 51 per cent widows have rights to a share in their husbands land, but these rights are often violated in practice by brother-in-laws. Suja (2007)

studied about problems experienced by rural widows in India. To her widowhood has always been considered a social stigma.

Coping strategies:

Coping, in general, is defined as effort, both action-oriented and intrapsychic, to manage i.e. master, tolerate, reduce minimize environmental and internal demands with a motive to reduce conflicts. Empirical evidences have shown than depressed people cope with stressful events (Haghighatgou, 1995). Dise-Lewis (1988) has found that life stress was significantly correlated Exploring Depression and Coping Strategies among the Widowed and Divorced Working Women with measures of anxiety, psychosomatic symptoms and depression. In the same line, Kolence et al (1990) studied the relationship of mild depression to stress and coping and administered the Beck Depression inventory. Their result suggested that depressed subjects were engaged in less problem focused coping than non-depressed subjects.

Desenova et al (1994) in their study of depression and copying style revealed a significant main effect for emotion focused coping on depression. Subjects who used more emotion-focused coping also experienced more depression. No interaction effects or main effects for problem-focused coping were found.

It can be summarized that depression is negatively and significantly correlated with coping styles in all the participant groups which state that higher the level of depression lower the use of effective coping styles. And Further, the results also indicate that depression is significantly higher among widow than the divorced participants both in case of tribal and non-tribal than the divorce tribal and non-tribal and as well the coping style is significantly better and effective in case of divorced tribal and non-tribal than the widow tribal and non-tribal. Therefore, the results indicate that better the coping style lower the depression. These findings do find support through some others direct and indirect studies who have reported that problem-solving and affective regulation styles of coping were correlated negatively with depressive symptoms and that emotional discharge and avoidance styles of coping were correlated positively (Coyne et al, 1981). Thus on the basis of discussion it can be safely inferred that depression is negatively related with coping style and the hypothesis that there is significant difference on depression among tribal and non-tribal widows and divorces women.

Marty Chen and Jean Dreze (1995) explained life style of the Indian Widows and their socio-economic conditions of widows and type of coping mechanisms need to survive in their present life. To them, in the context of social science research, it is right to give attention to widowhood as a particular cause of deprivation. And in the context of social action, it is right to organize and support widows in their specific demands relating to pensions, property rights and other entitlements.

M. Thaha and C. Dheeraja (2007) studied about the plight of widows of famers who committed suicide. They discussed in their study about after the death of the farmers how the widows coping up. To them, the suicide farmer leaves his dependents in distress on several fronts- economic, social and psychological. The entire burden of running the family as well as agricultural operations falls on the shoulders of his widow. This study focuses mainly on the plight of such widows in the immediate aftermath of the suicide in the family and their coping mechanism.

Problem

To study the depression, coping strategies and social support in the widows of farmers who committed suicide and wives of farmers in relation to their age and education.

Objectives of the Study

The objectives of the present study are under

1. To assess and compare the depression of the widows of farmers suicide and wives of farmers in relation to their age and education.
2. To assess and compare the social support of the widows of farmers suicide and wives of farmers in relation to their age and education.
3. To assess and compare the coping strategies of the widows of farmers suicide and wives of farmers in relation to their age and education.
4. To assess the correlation between depression and social support among the widows of farmers suicide.
5. To assess the correlation between social support and coping strategies among the widows of farmers suicide.

6. To assess the correlation between coping strategies and depression among the widows of farmers suicide.
7. To assess the correlation between age and depression.
8. To assess the correlation between qualification and depression.
9. To assess the correlation between occupation and depression.

Hypotheses

1. There will be no significant difference between the depression of the widows of farmer's suicide and wives of farmers in relation to their age and education..
2. There will be no significant difference between the social support of the widows of farmer's suicide and wives of farmers in relation to their age and education.
3. There will be no significant difference between the coping strategies of the widows of farmer's suicide and wives of farmers in relation to their age and education.
4. There will be no significant correlation between depression and social support.
5. There will be no significant correlation between social support and coping strategies.
6. There will be no significant correlation between coping strategies and depression.
7. There will be no significant correlation between the age of widows and depression.
8. There will be no significant correlation between qualification and depression.
9. There will be no significant correlation between occupation and depression.

Methodology

Sample

Selection of cases:

For the present study with the help of incidental-cum-purposive sampling technique a huge sample of widows of distress suicides of farmers will be selected. All the wives of the farmers who committed suicides between April 1, 2018, to March 31, 2019 (one financial year). The details of the suicides will be provided by Prerana Prakalp, Nanded which is a Maharashtra state government project for prevention of suicides. While planning the visits a minimum period of 3 months to maximum period of 6 months will be ensured between date of suicide and date of interview for resolution of grief. Ultimately for the data analysis, a final sample of approximately 160 widows of farmers suicide will be selected as cases and equal number of wives of farmers will be selected as controls to fit adequately various cells of design will be finalized.

Final sample will be as shown in table below :

	Wives of Farmers (A)	Widows (A_1)		Wives (A_2)	
	Age (B)	25 To 40 Years (B_1)	41 To 55 Years (B_2)	25 To 40 Years (B_1)	41 To 55 Years (B_2)
Education (C)	Below H.S.C. (C_1)	40	40	40	40
	Above H.S.C. (C_2)	40	40	40	40

Selection of controls :

Wives of the farmers whose husband is alive and having matched criteria like education, age (+/- 2 years) and financial status, geographical area and equivalent debt burden will be selected as controls. They will be preferably identified from the same lane where suicide (case) households were residing. Controls should not blood relatives of cases. In a situation where eligible controls could not be identified or declined to participate in the study from same lane, adjacent lanes were visited for selection of controls.

Variables

Independent Variables

1. The widows of farmers suicide and the wives of farmers
2. Age : 25 To 40 Years and 41 To 55 Years
3. Education : below H.S.C and above H.S.C.

Dependent Variables

1. Depression
2. Perceived social support
3. Coping strategies

Tools to be used

1. Depression: Patient Health Questionnaire (PHQ-9)(Kroenke et al., 2001).

2. Social support: Perceived Social Support scale (Nehra et al, 1996)

3. Coping style: 28-item Brief Cope (Carver, 1997)

Statistical analysis

Statistical analysis will be done by using descriptive and inferential statistics using ANOVA and software which will be used in the analysis are SPSS 17.0 version, Graph Pad Prism 6.0 version and EPI_INFO 6.0 version and $p<0.05$ is considered as level of significance.

Experimental Design:-For the present study a balanced 2 X 2 X 2 factorial design will be used as shown in below table

2 X 2 X 2 Factorial Design

		A_1 Widows of Farmers	A_2 Wives of Farmers
C_1 Below H.S.C.	B_1 25 To 40 Years	$A_1B_1C_1$ N=40	$A_2B_1C_1$ N=40
	B_2 41 To 55 Years	$A_1B_2C_1$ N=40	$A_2B_2C_1$ N=40
C_2 Above H.S.C.	B_1 25 To 40 Years	$A_1B_1C_2$ N=40	$A_2B_1C_2$ N=40
	B_2 41 To 55 Years	$A_1B_2C_2$ N=40	$A_2B_2C_2$ N=40

Limitation of the study

While planning the visits a minimum period of 3 months to maximum period of 6 months will be ensured between date of suicide and date of interview for resolution of grief. Due to technical difficulties, we cannot interview the wives/ widows after fixed duration of the suicide. This difference in the duration may cause variation in the results.

Result and Discussion

Results will be discussed in the light of hypotheses framed for this study, considering the finding of the earlier studies and appropriate proposals.

Summary and Conclusion

Results will be summarized and conclusion will be drawn. Suggestion for further research will also be given.

References

Adinarayana Reddy, P (2004)- 'Problems of Widows', Sarap and Sons Publications, New Delhi

Bennet, K.M., Smith, P.T., & Hughes, G.M. (2005). Coping, depressive feelings and gender differences in late life widowhood. Aging and mental health, 9, 348-353

Bogadia, V. N., P. V. Pradhan, I. P. Shah (1974), "Ecology and Psychiatry in Bombay." *International Journal of Social Psychiatry*, 40-302.

Carson, R. C.; James N. Butcher (1992) *Abnormal psychology and Modern Life* (9th edition). New York: Harper Collins.

Coyne, J. C; Cotlib, I. H. (1983), "The role of cognition in depression: A Critical appraisal". *Psychological Bulletin*, 4, 472-503.

Dise-lewis, Jeane D. (1988), "The Life Events and coping inventory: An assessment of stress in children". *Psychosomatic Medicine,* 50(5), 484-99.

Haghighatgou, Hedien; &Plterson, Christopher, (1995), "Coping and depressive symptoms among Iranian students."*Journal of Social Psychology*, 135(2), 175-80.

Hutokhi Doctor (2003) - Women in White : Sikh Spectrum .com Monthly, Jan/2003.

Ingledew DK, Hardy L, Cooper CL. Do resources bolster coping and does coping buffer stress? An organizational study with longitudinal aspect and control for negative affectivity. Journal of Occupational Health Psychology. 1997;2(2):118–133.

Kolence, Koleen M; Hartley, Duane & Murdock, Nancy L. (1990), "The relationship of mild depression to stress and coping." *Journal of Mental Health Counseling*, 12(1), 76-92.

M . Thaha and C. Dheeraja (2007) - The Plight of Widows of Farmers Who Committed Suicide' (Article).

Moss-Morris, R., & Petrie, K. J. (1997). Cognitive distortions of somatic experiences: Revision and validation of a measure. Journal of Psychosomatic Research, 43(3), 293–306.

Parthasarathy.K and Ms. S. Jayalakshmi (2004) - 'Status of Widowhood', Sarap and Sons Publications, New Delhi.

Sethi, B. B. & Gupta, s. C. (1970), "An epidemiological and cultural study of Depression" *Indian Journal of Psychiatry*, 12, 13-22.

Suja (2007) - Widows in India: Problem of Widows in India.

Sridevi, G. (2014b). Death Anxiety and Death Depression among Institutionalized and Non-Institutionalized elders. International Multidisciplinary E-Journal, Volume III, Issue-VI, 21-35.

Sridevi, G., & Swathi, P. (2014). Death Anxiety, Death Depression, Geriatric Depression and Suicidal Ideation among Institutionalized and Non-Institutionalized Elders. International Journal of Scientific and Research Publications, 4(10), 356-363.

Turvey, C.L., Carney, C., Arndt, S., Wallace, R.B., Herzog, R. (1999). Conjugal loss and syndromal depression in a sample of elders aged 70 years or older. American journal of psychiatry, 156, 1596-601.

Wig N. N. H. C. Verma, D. K. Shah(1969), "Parental depression and Mental Illness". *Indian Journal of Psychiatry*, 11, 1-6.

Chapterisation

The contains of the present study will be as under

Chapter I	Introduction
Chapter II	Review of Literature
Chapter III	Methodology
	1. Problem
	2. Objectives
	3. Hypotheses
	4. Variables
	5. Research Design
	6. Sample
	7. Tools
	8. Statistical Analysis
Chapter IV	Result and Discussion
Chapter V	Summary and Conclusion
References	
Appendixes	

Research Guide **Research Student**